

Memorandum

Date: February 27, 2006

From: Marian Dalsey, M.D., M.P.H.
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To: ALL GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)
HEMOPHILIA TREATMENT CENTER (HTC) MEDICAL DIRECTORS
AND STAFF, PHARMACY PROVIDERS

Subject: BLOOD FACTOR AUTHORIZATION REQUEST PROCEDURE
CLARIFICATION

The purpose of this correspondence is to revise the February 6, 2006 GHPP Information Notice on "Blood Factor Authorization Request Procedure Clarification". The language "+ or - 10 percent to accommodate the pharmacy's availability of assay" was inadvertently placed in the wrong area. The language should reflect the bullet "number of units per dose". Please see page 1 of the revised attached notice. Sorry for any inconvenience that may have occurred.

If you have any questions, please feel free to call the GHPP office at (800) 639-0597.